MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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50						
TOTAL IND.						
TOTAL DEP.						
TOTAL						

	IND	DEP	IND	DEP	IND	DEP
51	1					
52		1				
53						
54						
55						
56		1				
57						
58		1				
59						
60		1				
61	1					
62		1				
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